

# Investigation Request Form

Use this form to request an investigation of an insurance agent, adjuster or broker.

\*Indicates a required field

## I. Your contact information

\* Name: \_\_\_\_\_  
\* Address: \_\_\_\_\_  
\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_  
\* Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_  
Cell phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Insured contact information (\* if different than above)

Name of policyholder: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_  
Cell phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Insurance information

\* Insurance company: \_\_\_\_\_  
Policy #: \_\_\_\_\_

## 3. Agent or broker information

\* Agent/Broker name: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

#### 4. Define your problem

\* Give a brief explanation of the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 5. How did you hear about us?

Example: friends, family, phone book, internet, etc: \_\_\_\_\_

\_\_\_\_\_

#### 6. Declaration

By filling in my name and date below, I declare the information contained on this form is true and accurate.

\* Name: \_\_\_\_\_ \*Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 7. Submit documents

Are you sending supporting documents? ☐ Yes ☐ No

**If yes**, please do not send original documents, copies only please.

Once you have completed this form, please mail or fax it and all (if any) supporting documents to:

Washington State Office of the Insurance Commissioner

P.O. Box 40257

Olympia, WA 98504-0257

or Fax to: (360) 586-2020

If you have any questions, please contact investigations at (360) 725-7263  
or email [InvestigationRequest@oic.wa.gov](mailto:InvestigationRequest@oic.wa.gov)